

like to point out that even in 2001, the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control estimated that about 18% of the Prevention Act's target population received screening through Prevention Act funds, since appropriations were not available to provide screening services to additional women. ■

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#### **SIEGEL ET AL. RESPOND**

In our article, we presented the results of a study from which we concluded that a change in the 1992 BRFSS questionnaire wording caused a reduction in the measured prevalence of mammography screening, especially among Black women and women with less than a high school education. Berumen points out that the Breast and Cervical Cancer Mortality Prevention Act, passed by Congress in 1990, may have increased mammography use among low-income women and thereby caused some of the effect that we attributed to questionnaire wording.

It is important to recognize that although the Prevention Act was passed in 1990, screening programs implemented on the basis of this legislation developed gradually. Specifically, funding began in 1991 and was initially received by only 8 states. Few services were delivered by these funded states before mid-1992, so we believe it is highly unlikely that the Prevention Act had any effect on the results of our study.

To further put into perspective the population-based impact of this legislation, we would

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